

## **Prevention Interventions for Child Care Facilities**

The guidance below is being distributed to reduce/eliminate transmission of viruses and may be updated as federal, state or local guidance changes.

### **General guidance**

Exclude children, staff, parents and guardians from sites if they are showing symptoms of COVID-19 (fever plus cough or shortness of breath), have been in close contact with someone with COVID-19 in the last 14 days, or are at high risk for complications from COVID-19 due to underlying health conditions.

### **People at Increased Risk for Serious Complications of COVID-19**

Persons who are older, pregnant, or who have underlying health conditions, including those with compromised immune systems or respiratory conditions like severe asthma, are at higher risk to develop complications from this virus. These individuals should not provide childcare or visit childcare facilities.

### **Health Screening at Entry**

Take the temperature and check symptoms for staff and children upon entry each day. Ask if medications were used to lower temperature and if there are any household members with COVID-19. If forehead or disposable thermometers are not available, you can ask the staff person or child's caregiver to fill out and sign a form that reports temperature was taken at home (or affirming the absence of a fever). Follow the same process for determining the presence (or absence) of symptoms.

### **Social Distancing**

Reduce group sizes to no larger than 10 people total, including children and adults (one adult and nine children, two adults and eight children and so forth). Keep the same people in the same groups throughout the day, do not combine groups at meal, opening and/or closing times. To the degree possible, maintain the same groups from day to day to help reduce potential exposures; this may prevent an entire program from needing to shut down if exposure does occur.

To maximize space between people in a group, limit rooms to 10 people total in typical childcare facilities or elementary schools. Large rooms, like gymnasiums with a full-sized basketball court, can be divided into two rooms. When dividing a room create a clear barrier with cones, chairs, tables etc. to ensure a minimum of 6 feet between the two groups.

Incorporate social distancing within groups to the degree possible, aiming for at least three to six feet between children and minimizing the amount of time children are in close contact with each other.

- Eliminate large group activities.
- Limit the number of children in each program space.

- Increase the distance between children during table work.
- Plan activities that do not require close physical contact between multiple children.
- Limit item sharing, and if items are being shared, remind children not to touch their faces and wash their hands after using these items.
- Limit use of water or sensory tables and wash hands immediately after any use of these tools.
- Minimize time standing in lines.
- Incorporate additional outside time and open windows frequently.
- Adjust the HVAC system to allow for more fresh air to enter the program space.
- Avoid gathering in larger groups for any reason. Outside time and lunch should be taken with group (following the guidance above of no large gatherings or combining groups.)

### **Outside play**

Offer outdoor play in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of six feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating. Always wash hands immediately after outdoor play time.

### **Meals and snack time**

- Meals and snacks should be provided in the classroom, if possible, to avoid congregating in large groups.
- If meals must be provided in a lunchroom, stagger mealtimes, arrange tables to ensure that there is at least six feet of space between groups in the lunchroom, and clean tables between lunch shifts.
- Eliminate family style meals or have employees (not children) handle utensils and serve food to reduce spread of germs.

### **Drop-off and pick-up**

- Do not combine groups in the morning or afternoon.
- You may wish to alternate drop off and pick up times for each small group to avoid a large number of people congregating outside or in front of the facility.
- Wash hands or use hand sanitizer before and after signing in and out. A community pen should not be used or shared. Parents should use their own pen when signing in or notify the teacher of arrival for their recording. If check-in is electronic, provide alcohol wipes and frequently clean the screens or keyboards. Avoid the use of clipboards for sign in and out.

### **Hygiene Practices**

- Practice frequent handwashing with soap and water for at least 20 seconds, and require handwashing upon arriving at the center, when entering the classroom, before meals or snacks, after outside time, after going to the bathroom, and prior to leaving for home. Help young children to ensure they are doing it properly.

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Advise children, families and staff to avoid touching their eyes, nose and mouth with unwashed hands.
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash and wash hands with soap and water or use hand sanitizer (if soap and water are not readily available).
- Provide adequate supplies for good hygiene, including clean and functional handwashing stations, soap, paper towels and alcohol-based hand sanitizer.

### **Transportation**

- Close seating on buses makes person-to-person transmission of respiratory viruses more likely.
- Those providing transportation to childcare facilities should maximize space between riders (one rider per seat in every other row).
- Keeping windows open might reduce virus transmission.
- See below for guidance on cleaning and disinfecting buses.

### **What to do if children, staff or parents develop COVID-19 or symptoms**

- Staff or children with fever (100.4 F or higher), cough or shortness of breath should be excluded from childcare facilities and stay away from others. Children with household members who are known to have COVID-19 should also be excluded from the childcare facility.
- If a child or staff member develops symptoms of COVID-19 (fever of 100.4 or higher, cough or shortness of breath) while at the facility, immediately separate the person from the others until the ill person can leave the facility. If symptoms persist or worsen, they should call their health care provider for further guidance. Advise the employee or child's guardian or caregiver to inform the facility immediately if the person is diagnosed with COVID-19.
- If a child or employee tests positive for COVID-19, you should contact the Knox County Health Department at 865-215-5093 to identify the close contacts who will need to quarantine. It is likely that all members of the infected child's or adult's group would be considered close contacts.
- Facilities experiencing a confirmed case of COVID-19 among their population should consider closing at least temporarily (for 14 days or possibly longer if advised by public health.) The duration may be dependent on staffing levels, outbreak levels in the community and severity of illness in infected individual. Symptom-free children and staff should not attend or work at another facility, which would potentially expose others.
- If the infected individual with confirmed or suspected COVID-19 spent minimal time (10 minutes or less) in close contact with those in the childcare facility, the facility may consider closing for 2-5 days to do a thorough cleaning and disinfecting and to continue to monitor for ill individuals.

### **Returning to a childcare facility after suspected COVID-19 symptoms**

If a staff member or child has symptoms of COVID-19 or is a close contact of someone with COVID-19, they can return to the childcare facility if the following conditions are met:

- If individuals have fever, cough or shortness of breath and have not been around anyone who has been diagnosed with COVID-19, they should stay home away from others until 72 hours after the fever is gone and symptoms get better. If the person's symptoms worsen, they should contact their health care provider to determine if they should be tested for COVID-19
- If an individual is diagnosed with COVID-19, they must remain out of the facility for a minimum of 7 days after the onset of symptoms. AND, they must also be without a fever for 72 hours without the use of fever-reducing medicines to be able to return.
- If an individual believes they have had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for fever, cough and shortness of breath during the 14 days after the last day they were in close contact with the person with COVID-19. They should not go to work or school and should avoid public places for 14 days.

### **Cleaning and disinfecting procedures**

- Increase the frequency with which you clean toys, equipment, surfaces, doorknobs, check-in counters, restrooms and any frequently touched surfaces/objects. Use alcohol wipes to clean keyboards and electronics and wash hands after use.
- Minimize the potential for the spread of germs in the program space by temporarily removing toys that are not easily cleanable (such as stuffed animals and pillows) and rotate the toys that are out at any one time so that they can be adequately cleaned and sanitized.
- If groups of children are moving from one area to another in shifts, cleaning measures must be completed prior to the new group entering this area.
  - "Cleaning" refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.
  - "Disinfecting" works by using chemicals to kill germs on surfaces after an object has been cleaned. Killing germs that remain on surfaces after cleaning further reduces any risk of spreading infection. Attempting to disinfect without first cleaning an object will reduce the disinfectant's effectiveness and potentially leave more germs on the object.
- Facilities should follow standard procedures for cleaning with third party certified (Green Seal, EPA Fragrance-free Safer Choice) "green" cleaners and disinfecting with an Environmental Protection Agency (EPA) approved disinfectant registered for use against the novel coronavirus - see List N: Disinfectants for Use Against SARS-CoV. More information can be found [here](#).
- If possible, choose disinfectants and sanitizers that are part of the EPA's Design for the Environment antimicrobial pesticide (safer disinfectants) program such as those based

on hydrogen peroxide or alcohol. Daily clean and then disinfect surfaces and objects that are touched often. This includes bathrooms, water coolers, desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones and toys.

- If available in your facility, custodians should disinfect as they are trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills – blood, vomit, feces and urine. Surfaces must be thoroughly cleaned to remove all organic matter before a disinfectant is applied for the required time. No disinfectant works with organic matter.
- Staff cleaning should follow the disinfectant manufacturer's instructions:
  - Use the proper concentration of disinfectant.
  - Maintain the disinfectant for the required wet contact time.
  - Follow the product label hazard warnings and instructions for personal protective equipment (PPE) such as gloves, eye protection and adequate ventilation.
  - Use disinfectants in a well-ventilated space. Extensive use of disinfectant products should be done when children are not present, and the facility thoroughly aired out before children return.
  - Childcare facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.
  - Parents and staff should not supply disinfectants and sanitizers.

### **Buses**

- Open the windows after runs and let the buses thoroughly air out.
- Buses should be cleaned with a third party certified fragrance-free green cleaner and microfiber cloths.
- Handrails can then be disinfected with an EPA approved safer disinfectant.
- Windows need to be kept open to prevent buildup of chemicals that will cause eye and respiratory problems.

### **Playgrounds**

- Disinfection of outside playgrounds is not necessary or recommended except for cleaning up blood, urine, feces or vomit.

### **“Deep” Cleaning**

- This usually refers to extra cleaning, dusting and HEPA vacuuming to remove particulates and address asthma issues. In the context of infection control it may mean cleaning surfaces with soap and water and then appropriately using disinfectants on high-touch surfaces. When done, it is especially important to use proper PPE, good ventilation, and thoroughly air out the facility before children and other staff return.

### **Disinfectant spray systems**

- These products may seem to be a quicker, more efficient cleaning option. However, some of the practices and/or chemicals are not as safe as other options.
- Surfaces must still be cleaned first to remove organic matter.
- Spraying the air, walls and soft surfaces is not recommended, necessary, effective or safe.
- While all disinfectants have hazards, facilities should use disinfectants that are part of the EPA Design for the Environment antimicrobial pesticide program when possible.

### **Carpets**

- Disinfecting carpets is not necessary or recommended for respiratory viruses. Viruses do not live long on soft surfaces.
- Thorough vacuuming with HEPA filter equipped vacuums will help remove dust and particles.
- If there is blood, urine, feces or vomit, custodians should thoroughly clean and disinfect carpets with appropriate chemicals. Truck-mounted hot water extraction with drying for 24-48 hours is recommended.

### **Ventilation**

- There is no special cleaning or disinfection recommended for heating, ventilation, air conditioning (HVAC) systems.
- Ventilation is an important part of maintaining good indoor air quality.
- Adequate ventilation – bringing in 15-20 cfm/person outside air, and using MERV 13 filters, will help with air quality and MAY help with reducing respiratory disease transmission.

### **Shared hands-on teaching materials**

- These items need to be cleaned at the end of the day.
- Soap and water should be the first step.
- Some items could then be sanitized. Items like playdough cannot be cleaned or sanitized, so consider individual containers labeled with names, or discontinue use.
- Facilities should consider removing water tables, sensory tables, etc. from use for the time being and limit shared teaching materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.

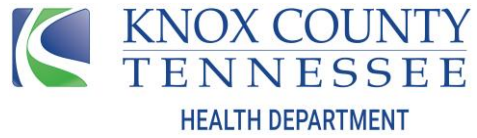
### **Additional COVID-19 Resources**

TN Dept of Health: <https://www.tn.gov/governor/covid-19.html>

KCHD: <https://www.knoxcounty.org/health/coronavirus/>

CDC: [Interim guidance for Schools and Child Cares](#)

King County, WA: [Youth Guidance](#)



This information is subject to change as new guidance and information becomes available from federal and state public health authorities.

Contact Kevin Clark or Allison Rosenberg with questions at 865-215-5200 or [environmental@knoxcounty.org](mailto:environmental@knoxcounty.org).